

Continuum of Care Summary

CATEGORY	INDEPENDENT LIVING	ASSISTED LIVING *			NURSING HOME
		Unlicensed	Home for the Aged***	Adult Foster Care	
DESCRIPTION	Covers a broad range of housing options for older persons who are functionally and socially independent most of the time. <i>Not regulated except by local authorities.</i>	Provides a living arrangement which integrates shelter and services for those persons who are chronically ill or socially isolated, but who do not need 24-hour supervision or board. <i>Not regulated except by local authority.</i>	Provides a living arrangement which integrates shelter and services for older persons who need additional supervision, but do not require continuous nursing care. <i>Licensed by the Michigan Department of Consumer & Industry Services.</i>	Provides 24-hour room and board to adults who are aged, mentally ill, developmentally disabled or physically handicapped, who need personal care, supervision and protection, but do not require continuous nursing care. <i>Licensed by the Michigan Department of Consumer & Industry Services</i>	Provides a living arrangement which integrates shelter and food with medical, nursing, psychosocial and rehab services for persons who require 24-hour nursing supervision. <i>Licensed by the Michigan Department of Consumer & Industry Services.</i>
PRIMARY SERVICES	<p>— "A" —</p> <ul style="list-style-type: none"> ♦ Environmental security. ♦ Facility may coordinate services for resident, i.e., transportation, housekeeping. ♦ Opportunities for socialization. 	<p>— "B" —</p> <ul style="list-style-type: none"> ♦ Room contract requires no more than one meal per day. ♦ Room has kitchen/cooking/food preparation area. ♦ Transportation. ♦ Housekeeping assistance. ♦ Case management.** 	<p>— "C" —</p> <p>Room and services including:</p> <ul style="list-style-type: none"> ♦ Three meals per day. ♦ Assistance with activities of daily living. ** ♦ Housekeeping. ♦ Arranging for transportation. ♦ Monitoring of medications. ♦ 24-hour protective oversight. 	<p>— "D" —</p> <ul style="list-style-type: none"> ♦ Room and board. ♦ Housekeeping. ♦ Three meals per day. ♦ 24-hour supervision. ♦ Personal care. ♦ Protection. ♦ Supervision of medications. ♦ Availability of transportation (as indicated in the resident's assessment plan, resident care agreement and health care appraisal). 	<p>— "E" —</p> <p>"C" / "D", plus:</p> <ul style="list-style-type: none"> ♦ 24-hour nursing supervision.

Guidelines for Assessing an Individual's Capabilities and Needs

MOBILITY	<p>Capable of moving about independently. Able to seek and follow directions. Able to evacuate facility independently in emergency.</p> <p>OR</p> <p>Ambulatory with cane/walker. Independent with wheelchair, but need help in an emergency.</p>	<p>Capable of moving about independently. Able to seek and follow directions. Able to evacuate facility independently in emergency.</p> <p>OR</p> <p>Ambulatory with cane/walker. Independent with wheelchair, but needs help in an emergency.</p>	<p>Ambulatory with minimal or no assistance.</p> <p>OR</p> <p>Requires some assistance to move about, but usually independent.</p> <p>OR</p> <p>May require one-person assistance with transfers from bed, chair and toilet.</p>	<p>Ambulatory with minimal or no assistance.</p> <p>OR</p> <p>May require supervision with mobility, transfers from bed, chair or toilet.</p>	<p>May require assistance with transfers from bed, chair, toilet.</p> <p>OR</p> <p>Requires transfer and transport assistance. Requires turning and positioning in bed and wheelchair.</p>
NUTRITION	<p>Able to prepare own meals. Eats meals without assistance.</p>	<p>Able to prepare own meals in living unit with kitchen. Eats meals without assistance.</p> <p>One meal a day may be routinely provided. Additional meals are available at the resident's option.</p>	<p>May require assistance getting to dining room and/or requires minimal assistance such as opening cartons or other packages, cutting food or preparing trays. May also require occasional periodic feeding assistance.</p> <p>Three meals per day provided by facility.</p>	<p>May be independent.</p> <p>OR</p> <p>May require minimal assistance with eating.</p> <p>Three meals per day provided by facility.</p>	<p>May be unable or unwilling to go to dining room. May be dependent on staff for eating/feeding needs.</p> <p>OR</p> <p>Totally dependent on staff for nourishment (includes reminders to eat and/or feeding).</p>

HYGIENE	Independent in all care including bathing and personal laundry. OR May require assistance obtained by resident through home health agency or other outside sources.	Independent in all care including bathing and personal laundry. OR May require assistance obtained by resident through home health agency or other outside sources.	May require assistance with bathing or personal hygiene/grooming. OR May require assistance, initiation, structure or reminders, but resident may be able to complete the task. OR May need routine assistance with personal hygiene/grooming.	May require assistance with bathing, personal hygiene/grooming. OR May require assistance, initiation, structure or reminders, but may be able to complete the task.	May be dependent on staff for all personal hygiene/grooming. OR Totally dependent on staff for all personal hygiene/grooming.
TOILETING	Independent and completely continent. OR May have incontinence, colostomy or catheter, but independent in caring for self through proper use of materials/supplies.	Independent and generally continent. OR May have incontinence, colostomy or catheter, but generally independent in caring for self through proper use of materials/supplies. OR Personal care arranged for, if needed.	Same as "Independent Living." OR May have problems with incontinence, colostomy or catheter and may require assistance in caring for self through proper use of materials/supplies.	May be independent. OR May require assistance with toileting.	May have problem with incontinence, colostomey/catheter and require assistance. OR Totally dependent and/or unable to communicate needs.
HOUSE KEEPING	Independent in performing housekeeping functions, including making bed, vacuuming, cleaning and laundry. OR May need and arrange for limited assistance with certain housekeeping functions.	May perform light housekeeping functions (making bed, washing dishes). OR Housekeeping services provided.	Housekeeping and laundry services provided.	Provisions for laundering of a resident's personal laundry available.	Housekeeping and laundry services provided.
DRESSING	Independent and dresses appropriately.	May be independent and dresses appropriately. OR Personal assistance in dressing provided.	May require assistance with shoe laces, zippers, etc., and/or medical appliances or garments. OR May require reminders, initiation or motivation. Resident may complete the task. OR May need routine assistance of staff for dressing appropriately.	May be independent. OR May require assistance with dressing or use of medical appliances.	May be dependent on staff for dressing. OR Relies totally on staff for dressing.
MEDICATIONS	Responsible for self-administration of all medications. OR Arranged through home health care.	Responsible for self-administration of all medications. OR May arrange with outside sources for oversight, depending upon personal needs.	Able to self-administer medications. Facility staff may remind and monitor the actual process. OR May arrange with outside sources to establish a medication administration system. Staff may remind and monitor. OR Facilities staffed with appropriate professionals can administer medications to residents.	May be able to self-administer medications. OR May need minimal reminders and/or assistance. OR May be dependent on staff to administer medications.	Medications administered by licensed personnel.

* Residents may need assistance, but should not be dependent. ** Assistance in daily living may be coordinated through a home health agency. *** Rules are under revision.

Note: As it is used, the word "assistance" may be verbal or physical.

CATEGORY	INDEPENDENT LIVING	ASSISTED LIVING *			NURSING HOME
		Unlicensed	Home for the Aged ***	Adult Foster Care	
MENTAL STATUS	<p>Oriented to person, place and time.</p> <p>AND</p> <p>Memory is intact, may have occasional forgetfulness without consistent patterns of memory loss.</p> <p>AND</p> <p>Able to reason, plan and organize daily events. Mental capability to identify environmental needs and meet them.</p>	<p>Oriented to person, place and time.</p> <p>OR</p> <p>Memory is intact, but has occasional forgetfulness without consistent pattern of memory loss or lack of orientation.</p>	<p>May require occasional direction or guidance in getting from place to place.</p> <p>OR</p> <p>Orientation to time or place or person may be impaired and may require program of assistance and guidance.</p> <p>OR</p> <p>May need a special care unit to meet the needs of dementia resident (optional facility).</p>	<p>May need occasional direction or guidance in getting from place to place. May have mild impairment of judgment.</p> <p>OR</p> <p>Orientation to time and place may be impaired and may require consistent assistance and guidance. May have moderate impairment of judgment.</p> <p>OR</p> <p>May be totally disoriented with severe impairment of judgment and be completely dependent on staff.</p>	<p>Judgment may be poor and the resident may not attempt tasks which are not within capacities.</p> <p>OR</p> <p>May require strong orientation and reminder program. May need guidance in getting from place to place.</p> <p>OR</p> <p>Disoriented to time, place and person.</p> <p>OR</p> <p>Memory is severely impaired. Usually unable to follow directions.</p>
BEHAVIORAL STATUS	<p>Deals appropriately with emotions and uses available resources to cope with inner stress.</p> <p>AND</p> <p>Deals appropriately with other residents and staff.</p>	<p>Deals appropriately with emotions and uses available resources to cope with inner stress.</p> <p>AND</p> <p>Generally deals appropriately with other residents and staff.</p> <p>OR</p> <p>May require periodic intervention from staff to facilitate expression of feelings in order to cope with inner stress.</p> <p>OR</p> <p>May require periodic intervention from staff to resolve conflicts with others in order to cope with situational stress.</p>	<p>May require periodic intervention from staff to facilitate expression of feelings in order to cope with inner stress.</p> <p>OR</p> <p>May require regular intervention from staff to resolve conflicts with others in order to cope with situational stress, anxiety or agitation.</p> <p>NOTE: Residents with mentally disturbing behaviors are not appropriate.</p>	<p>May have no behavioral problems.</p> <p>OR</p> <p>May require periodic intervention by staff in order to facilitate interaction with other residents or appropriate display of emotions.</p> <p>OR</p> <p>May have significant behavior problems that require a formal behavior treatment plan.</p> <p>NOTE: An AFC home is not allowed to accept or retain a person who requires isolation or restraint.</p>	<p>May require regular intervention from staff to facilitate expression of feelings and to deal with periodic outbursts of anxiety or agitation.</p> <p>OR</p> <p>Maximum staff interventions required to manage behavior and to prevent becoming a threat to safety and physical well being of self or others.</p>
NURSING CARE	Individual contracts with a home health agency for services needed.	Individual contracts with a home health agency for services needed.	Home health agency provides intermittent/episodic services as needed. Continuous nursing not provided. Exception may be Hospice when sufficient resources are available.	Home health agency provides intermittent/episodic services as needed. Continuous nursing not provided.	Provides continuous nursing care and Hospice care.

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